



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Saint Leo University/Florida Hospital Wellness Center

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 12/12/2017

4. **Project/Program Description:**

Construction and operation of a wellness facility to include: urgent care, physicians, physical therapy and physical fitness center.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Education

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	4,000,000	4,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	8,000,000	66.7%
TOTAL	8,000,000	66.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 12,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		4,000,000	4,000,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

The project will bring healthcare resources to east Pasco County - in a local area where services are limited. The facility will provide urgent care, physician offices, rehab facilities and a wellness center all available to the public.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Urgent care operations to meet emergency medical needs of the community. Physicians on-site to provide both well and sick care to area residents, rehab facilities not currently available in the area and a wellness center to promote physical fitness through regular exercise programs with professionally managed and maintained equipment.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Design/build of approximately 48,000 Sq. Ft. building	4,000,000
TOTAL		4,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Medical care - urgent and regular visits. Wellness training and facility to perform necessary physical activities for maintaining health and re-hab activities as needed.

e. Who is the target population served by this project? How many individuals are expected to be served?

The immediate area impacted represents a population of nearly 15,000 with the outer ring population encompassing another 25,000 who may use the facility. The immediate area is dramatically underserved in healthcare.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The major benefit is providing healthcare and wellness opportunities to the community. The facility's use in both patient visits and wellness center daily usage statistics will serve as success measurements.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

None

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

The project owner is Saint Leo University. The strategic partner in the facility is Florida Hospital. Each will have a capital outlay of \$4M.

13. Requestor Contact Information:

- a. **Name:** Denny Moller
- b. **Organization:** Saint Leo University
- c. **Email:** denny.moller@saintleo.edu
- d. **Phone Number:** (352)588-8644

14. Recipient Contact Information:



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a. Organization: Saint Leo University

b. County: Pasco

c. Organization Type:

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Denny Moller

e. E-mail Address: denny.moller@saintleo.edu

f. Phone Number: (352)588-8644

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: